

PATENT NUMBER

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U.S. UTILITY Patent Application

U.S. PATENT OFFICE
 O.I.P.E.
 SCANNED 83(3) Q.A. 1c

PATENT DATE

APPLICATION NO. 09/734836	CONT/PRIOR D	CLASS 435	SUBCLASS 5	ART UNIT 1648	EXAMINER Winkler
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CONT/PRIOR D	CLASS 435	SUBCLASS 5	ART UNIT 1648	EXAMINER Winkler
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CLASS 435	SUBCLASS 5	ART UNIT 1648	EXAMINER Winkler
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SUBCLASS 5	ART UNIT 1648	EXAMINER Winkler
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ART UNIT 1648	EXAMINER Winkler
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EXAMINER
Winkler

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Robert Berkowitz
Michael Kaleko

Dovine immunodeficiency virus (DIV) based vectors

PTO-2040
12/89

ISSUING CLASSIFICATION												
ORIGINAL				CROSS REFERENCE(S)								
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
INTERNATIONAL CLASSIFICATION												

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<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner)		NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner)		ISSUE FEE	
	_____ (Date)		Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)		ISSUE BATCH NUMBER	
	_____ (Date)			

☐ The term of this patent subsequent to _____ (date) has been disclaimed.

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☐ The terminal ____ months of this patent have been disclaimed.

DRAWINGS			CLAIMS ALLOWED	
Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
_____ (Assistant Examiner)			NOTICE OF ALLOWANCE MAILED	
			_____ (Date)	
_____ (Primary Examiner)				
			Amount Due	
_____ (Legal Instruments Examiner)			ISSUE BATCH NUMBER	
			_____ (Date)	

Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<div> <div>(Assistant Examiner)</div> <div>(Date)</div> </div> <div> <div>(Primary Examiner)</div> <div>(Date)</div> </div> <div> <div>(Legal Instruments Examiner)</div> <div>(Date)</div> </div>			NOTICE OF ALLOWANCE MAILED	
			ISSUE FEE	
			Amount Due	Date Paid
			ISSUE BATCH NUMBER	

Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
		NOTICE OF ALLOWANCE MAILED	
(Examiner)	(Date)		
		ISSUE FEE	
		Amount Due	Date Paid
(Examiner)	(Date)		
		ISSUE BATCH NUMBER	
(Print Examiner)	(Date)		

Print Fig.	Total Claims	Print Claim for O.G.
_____ (Date)	NOTICE OF ALLOWANCE MAILED	
	ISSUE FEE	
	Amount Due	Date Paid
_____ (Date)	ISSUE BATCH NUMBER	
_____ (Date)		

CLAIMS ALLOWED	
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ISSUE FEE	
Amount Due	Date Paid
ISSUE BATCH NUMBER	

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NOTICE OF ALLOWANCE MAILED	
ISSUE FEE	
Amount Due	Date Paid
ISSUE BATCH NUMBER	

Print Claim for O.G.

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Amount Due	Date Paid
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Date Paid

NUMBER

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